

KOINONIA HOMES INC.
6161 OAK TREE BLVD SUITE 400
INDEPENDENCE, OH 44131 216-588-8777 FAX 216-588-5670

Application for Employment

Koinonia Homes Inc. selects the best matched individual for the job based upon job related qualifications, regardless of race, creed, sex, national origin, age, handicap, or other protected groups under federal, state, or local Equal Opportunity Laws.

PLEASE PRINT

All sections of the application must be completed thoroughly. Incomplete applications will not be considered. If something does not apply, please indicate "N/A."

Name:

_____ Last First Middle Alias/Maiden

Telephone: () () _____

Current Address: Home Cell Email Address _____

Street City State Zip How long? _____

Position Applied For: _____ **Requested Salary:** _____ **Soc. Sec. No.:** _____

Date Available to Start: _____ **Type:** FT PT **Shift:** 2nd 3rd

Location applied at: Main Office Career Fair KHI Website

How did you learn of our organization? Advertisement Career Fair KHI Website Employee:

List addresses for the past FIVE years:

Have you lived in OHIO continuously in the past five years? YES NO

Previous Address: _____
 Street City State Zip How long?

Previous Address: _____
 Street City State Zip How long?

What proof can you supply to prove that you have lived continuously in Ohio for the past five years?

 (i.e., utility bill, credit card statement, tax statement, etc.)

Are you at least 21 years of age? Yes No

Note: Due to vehicle liability insurance we are unable to hire anyone under the age of 21.

Are you willing to work overtime? Yes No

Do you have reliable transportation? Yes No

Can you travel if the job required it? Yes No

Do you have a current, valid Ohio driver's license? Yes No Driver's License # _____

Have you had your Ohio driver's license for at least 3 years? Yes No

Have you ever been employed here before? Yes No If Yes, when _____

Have you ever applied here before and not hired? Yes No If Yes, when _____

Are you legally eligible for employment in this country? Yes No

Convictions that are inconsistent with Senate Bill 38/Ohio Revised Code or agency policy would prohibit your employment. Please ask if you have questions and/or concerns.

Please note when answering the below, because of the business we are in, we may obtain sealed records:

Have you EVER pled guilty to or been convicted of a felony or misdemeanor? Yes No If "Yes", please explain:

Please read and review the job description provided to you for which you are applying.

Are you capable of doing the work that has been described to you with or without accommodation?

_____ Yes _____ No

If no, please explain the type of accommodation that would be needed:

EDUCATION AND TRAINING:

High School _____ Address _____

Graduated? _____ Yes _____ No

If you do not have a High School diploma, do you have a GED? _____ Yes _____ No

Please note: A High School diploma or GED is required to be considered for employment.

College _____ Address _____

Major _____ Graduated? _____ Yes _____ No Degree Earned _____

Other _____ Address _____

Major _____ Graduated? _____ Yes _____ No Degree Earned _____

Training, skills, or additional information you feel may be helpful to us in considering your application including any experience you have had with citizens with mental retardation/developmental disabilities along with any certifications or licenses you may have obtained:

As per the Ohio Administrative Code (OAC) 5123:2-6-03, are you a Delegated Medication Passer?

_____ Yes _____ No

PERSONAL REFERENCES (Please provide at least three references) Do Not Include Relatives or Former Employers

Name & Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

*Start with your present or most recent job. Include any job related military service assignments and volunteer activities. References are checked, so please provide **complete** information for all companies listed.*

Please provide information based on at least the last TEN years of your employment history, or last TWO employers if worked ten or more years at one location.

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

Company _____ Job Title _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Supervisor _____

Dates Employed _____ to _____ Wages: Start \$ _____ End \$ _____

Full-Time _____ Part-Time _____ Reason for leaving _____

Job Duties _____

Please note: We do not allow managers or supervisors to work for another MR/DD service provider or the Cuyahoga County Board of MR/DD simultaneously with our organization.

My initials indicate that I understand the above and will comply in the event of employment. _____

APPLICANT'S STATEMENT

Koinonia Homes Inc. selects the best matched individual for the job based upon job related qualifications, regardless of race, creed, sex, national origin, age, handicap or other protected groups under federal, state, or local Equal Opportunity Laws. A criminal background check, a driving record report, and a urine drug screen will be required **PRIOR** to starting employment.

I certify that answers given herein are true and complete to the best of my knowledge.

I give permission/authorization for an investigation of all statements contained in this application for employment necessary in arriving at an employment decision. This includes providing a set of fingerprint impressions for the required criminal history check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless the Chief Executive Officer specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

By signing the below signature, I give Koinonia Homes, Inc. permission to

1. Request a copy and/or conviction records from any law enforcement agency
2. To request information from former employers and/or personal references

I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. By signing below, I attest that I have NOT been charged, convicted, or plead guilty to any of the offenses identified on this document.

Print Name _____

Applicant's Signature _____ Date _____

Ohio law prohibits County Boards of Mental Retardation/Developmental Disabilities and private providers from hiring persons who have been convicted of or pled guilty to the following offenses:

2903.01 - Aggravated Murder	2907.322- Pandering Sexual Oriented Matter Involving a Minor
2903.02 - Murder	2907.323- Illegal Use of a Minor in Nudity-oriented Material or Performance
2903.03 - Voluntary Manslaughter	2911.01 - Aggravated Robbery
2903.04 - Involuntary Manslaughter	2911.02 - Robbery
2903.11 - Felonious Assault	2911.11 - Aggravated Burglary
2903.12 - Aggravated Assault	2911.12 - Burglary
2903.13 - Assault	2919.12 - Unlawful Abortion
2903.16 - Failing to provide for a functionally impaired person	2919.22 - Endangering Children
2903.21 - Aggravated Menacing	2919.23 - Interference with custody that would have violated 2905.04, prior to 7/1/06
2903.34 - Patient abuse/Neglect	2919.24 - Contributing to Unruliness or Delinquency of a Child
2903.341- Patient Endangerment	2919.25 - Domestic Violence
2905.01 - Kidnapping	2923.12 - Carrying Concealed Weapon
2905.02 - Abduction	2923.13 - Having Weapons While Under Disability
2905.04 - Child Stealing (prior to 7/1/96)	2923.161- Improperly Discharging a Firearm at or into a habitation or school
2905.05 - Criminal Child Enticement	2925.02 - Corrupting Another With Drugs
2907.02 - Rape	2925.03 - Trafficking in Drugs
2907.03 - Sexual battery	2925.04 - Illegal Manufacture of Drugs or Cultivation of Marijuana
2907.04 - Unlawful Sexual Conduct with a Minor	2925.05 - Funding of Drugs or Marijuana Trafficking
2907.05 - Gross Sexual Imposition	2925.06 - Illegal Administration or Distribution of Anabolic Steroids
2907.06 - Sexual Imposition	2925.11 - Possession of Drugs (as long as it is not a minor offense)
2907.07 - Importuning	3716.11 - Placing Harmful Objects in Food or Confection
2907.08 - Voyeurism	
2907.09 - Public Indecency	
2907.12 - Felonious Sexual Penetration	
2907.21 - Compelling Prostitution	
2907.22 - Promoting Prostitution	
2907.23 - Procuring	
2907.25 - Prostitution	
2907.31 - Disseminating Matter Harmful to Juveniles	
2907.32 - Pandering Obscenity	
2907.321- Pandering Obscenity Involving a Minor	

- A felony contained in the Revised Code that is not listed above, if the felony bears a direct and substantial relationship to the duties and responsibilities of the position being filled.
- Any offense contained in the Ohio Revised Code constituting a misdemeanor of the first degree on the first offense and a felony on a subsequent offense, if the offense bears a direct and substantial relationship to the position being filled and the nature of the services being provided.
- A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States, if the offense is substantially equivalent to any of the offenses listed above.

Employee Printed Name

Employee Signature

Date



Consent for Driving Record Check(s)

Individuals are expected to consent to driving record checks as follows:

1. Prior to hire for all employees, prior to provision of service for all volunteers and contractors who provide direct service;
2. Prior to a job transfer and/or re-assignment for an individual being considered for a position that includes driving as an essential job function;
3. Annually for all persons operating an agency or personal vehicle to conduct Koinonia business; and
4. Upon request when a report of an incident indicates that there may be a change in the status of driving eligibility.

The driving records are checked for insurance underwriting purposes and to ensure operators have a valid license. The results will be kept confidential and disclosed on a “need to know” basis only.

Any person who does not meet Koinonia’s driving requirements will not be allowed to operate agency vehicles or use a personal vehicle to perform agency business. A substandard driving record can affect employment status and the ability to provide service for Koinonia if driving is an essential function of the job at the agency.

With my signature, I acknowledge that I have received the above information, and that I should contact Koinonia Homes, Inc. if I have further questions regarding any of the information presented.

Further more, with my signature, I consent for Koinonia Homes, Inc. to conduct Driving Record check(s) stated above via the Ohio Bureau of Motor Vehicles website or other sources.

Driver’s License Number	State	Expiration date	Date of Birth	Last four digits of Social Security Number

PRINT NAME AS DISPLAYED ON LICENSE: _____

Signature _____ **Date** _____

**PLEASE READ THE FOLLOWING CASE SUMMARY
AND ANSWER THE QUESTIONS TO FOLLOW. YOU MUST FILL THIS OUT COMPLETELY.**

Jane Doe is a 30 year old female Caucasian who was admitted to Koinonia Homes, Inc. On March 1, 2000, after having resided at home with her sister for 22 years, was then admitted in a developmental center, a state institution, for the past eight (8) years.

While living in the state institution, Jane attended the county workshop program and participated in an on-the-job training experience in the community as a kitchen helper in a restaurant.

This resident has severe speech impairment, as a result from cerebral palsy. Her hearing receptivity is limited in the right ear with a mild hearing loss noted. Jane is capable of total communication and freely communicates in social situations. She can also read at a basic level and has adequate cognitive skills such as money recognition and personal identification skills (name, address, and telephone number.)

Jane needs further training skills in personal hygiene; particularly oral hygiene in tooth brushing, bathing and dressing appropriately for the weather. Jane also needs further improvement in home maintenance skills such as laundry and house cleaning.

Jane's sister maintains an active and on-going interest in her and provides a supportive family situation. Mrs. Smith, Jane's sister, reports that Jane "tends to be lazy at home and wants to ignore her responsibilities... once started on her chores, she does a really fine job."

In addition to Jane's cerebral palsy condition, she also has a moderate seizure disorder which has been successfully controlled with the medication, Dilantin.

QUESTIONS REGARDING CASE SUMMARY

1. Describe her most recent living situation:

2. Describe one of Jane's community experiences:

3. Describe at least one of Jane's physical/medical disabilities:

4. Since Jane has some basic skills to use in the community, such as reading, money recognition, and personal identification, would travel training (use of RTA bus) be a reasonable and appropriate training goal?

Yes No

Explain your answer:

5. List three (3) goal areas that the residential staff can address with Jane:

1.	
----	--

2.	
----	--

3.	
----	--

6. Should these goal areas be included with Jane's Individual Habilitation Plan (IHP)? Yes No

7. Check the ways in which Koinonia Homes, Inc. can engage the resident's family in her habilitation programming. (Check all that apply.)

	Invite the sister and interested others to the IHP meeting.
	Invite the sister and other related persons to spend some time with Jane at the residence, perhaps a social event.
	Ask the sister to be the primary care taker at the Koinonia Homes, Inc. residence so that Mrs. Smith and Jane never lose contact with one another.
	Demand that the sister take Jane home every weekend for visits.

8. Is Jane currently taking any medications? If so, for what purposes? _____

9. Would Jane benefit from the following services? Check all that apply.

- | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <p>_____ Speech/Hearing Therapy</p> <p>_____ Vocational training</p> <p>_____ Toilet training</p> | <p>_____ Activities of daily living</p> <p>_____ Self-feeding program</p> <p>_____ Socialization</p> |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|